

Introductory
Excerpt

BACK FROM THE BRINK

Australians tell their stories of
OVERCOMING DEPRESSION

- How I overcame the worst five year depression my psychiatrist has ever treated
- The surprising results of Ultrafeedback and Black Dog Institute Research on what really helps people with depression
- A full outline of the printed and digital book *Back from the Brink*

by Graeme Cowan

My suicide note

July 24, 2004

My dear family,

After 4 long years of battling this illness I just can't take it any more. I feel I have tried everything and just can't see anything but a depressed future.

I would like to thank everyone for the loving care you have all shown me. I couldn't ask for anything more. Please don't blame yourselves in any possible way for this as there is nothing possible that you could have done.

Love always

Graeme

PS. I just can't be a burden any longer

I understand the despair of depression
I now know it can lead to blessings
This is a book of hope



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Introducing my printed book and digital book <i>Back from the Brink</i> in which prominent and everyday Australians tell their stories of overcoming depression	

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Choosing life — My story and the story of my book

How I overcame the worst five year depression my psychiatrist has ever treated

I didn't even know what clinical depression was the first time I tried to take my own life. I was 31 years old and by all appearances had a successful life. I was married and had a one year old child and had recently moved into a new home. I had a successful career in sales and marketing but had just taken a career fork, moving into recruitment. Whilst I was enjoying my new role, I really hadn't had enough time to excel at it, and I was accustomed to doing well at that to which I applied myself. I came from a large, loving family, so I could never say that I lacked support.

The uncertainty I was feeling about my career filled me with anxiety. I had continuous tension in my back that wouldn't go away. I tried running and swimming in an effort to control it, but it only seemed to leave me momentarily. Worse than the physical symptoms were the dark thoughts that wouldn't go away. I saw myself as a failure and my self-esteem plummeted. I would be wide awake at 3.30am, staring at the ceiling. I don't know why I couldn't reach out and tell someone how bad I was feeling – but I couldn't. I felt that a man should be on top of life and vainly tried to think positive thoughts – but nothing changed. The early morning waking would leave me drained and hardly capable of working a full day, but I forced myself to keep going and the cycle of decline continued.

When you are in the midst of depression, you can't even remember feeling well, and after a while it just doesn't seem possible that you will get better. I had no energy yet the anxiety meant I couldn't sleep. I have always been a doer. I tried exercise and hot baths to change things but I felt in the darkest of pits. I have never been able to describe adequately the depth of despair I felt, and I've never met anyone with depression who could – although when Les Murray described his “puddle of misery” I could certainly relate.

People, who haven't experienced clinical depression first hand, may think suicide is the most selfish act – particularly when you have children. When you are holding on by a thread, and can see no possible chance of recovery, you “know” you will be nothing but a burden to your family. Looking back, I know that was insane thinking but at the time it seemed perfectly rational.

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I reached the conclusion that I couldn't go on. I had read books about near death experiences and was very attracted to the peace and golden light that some people described. While my wife slept beside me, and my young daughter was in the next room, I made the incredible decision to choose death.

Once I had made that decision, I remember being almost in a trance. Over the course of one night, I made three attempts to end my life. Finding myself still very much alive I felt quite dazed and really wasn't sure what to do next.

I decided to look up Lifeline in the telephone directory and dialled the number. I remember telling the woman that I had just tried to kill myself. She asked me if I had family and I said I did. She asked me a few more questions and then suggested I contact a mental health support line at nearby Dee Why.

My wife came into the room and asked why I was on the phone. I told her I had just attempted suicide. At first, she was absolutely dumbstruck. Then she became quite hysterical and asked: “Why, why, why?” It's impossible to have a rational answer to that question. I told her about the mental health support line and somehow we managed to settle down enough to sit and talk a little. We waited until the help line was open and made an appointment to see a psychologist there. Our daughter had woken up by then, and she was due to be looked after by a baby sitter while my wife worked.

We drove down to Dee Why and saw a young psychologist. She asked me

questions about my mental state and enquired if I had any family I could talk to. At that point, my wife started sobbing. For the first time I partly realised the consequences of my intended action on her. The psychologist said she thought I was suffering from depression and should see a psychiatrist. My first thought was: “I’m not crazy”. She said that depression doesn’t represent insanity and I agreed to an appointment later that afternoon. I would have to see a GP to get a specialist’s referral and was able to see one about midday.

I felt the deepest sense of shame being in hospital and very guilty for having attempted to end my life.

That meeting was truly remarkable and knowing what I know now, that doctor wasn’t fit to practise medicine. After I told him my story (including the suicide attempt), he concluded that I wasn’t really depressed, just a bit stressed. He was abusive to the psychologist for having the audacity to suggest I might be suffering from depression. Depressed people were catatonic and clearly I was able to converse. He prescribed some tranquilisers and suggested I cancel my appointment with the psychiatrist.

The appointment was for 5.00pm and after some discussion, I decided to keep it as my despair was still omnipresent.

I saw Dr Robert Fisher for the first time at Northside Clinic on the Lower North Shore of Sydney. It was a massive stroke of luck that I got to see him. He asked me about my sleep patterns, energy levels, appetite, libido and thoughts. He also asked some very specific questions about my suicide attempt to ascertain that it was a very clear intention to end my life and not just a cry for help. He said that I was severely depressed and booked me straight into hospital.

My wife drove home by herself to pick up our daughter and bring back some clothes and toiletries. She said during that drive she felt the loneliest she had ever felt in her life. Back then, depression was hardly spoken of and having a husband in a psychiatric hospital seemed beyond the scope of possibility. She

only told my parents initially but, on my insistence, didn't tell them about the suicide attempt. She had to tell work that I had been struck down with a "severe virus".

I felt the deepest sense of shame being in hospital and very guilty for having attempted to end my life.

That was my first episode of major clinical depression. Luckily I responded quite quickly to the antidepressant medication that Dr Fisher put me on, and I was back at work within two weeks.

Looking back, I know I experienced a couple of episodes earlier in my life but had managed to get over them by myself.

Unlike many depression sufferers, there was no traumatic childhood for me. I had grown up in a secure and happy family in the country. I had done well at school and sport. In my final year of high school I was a prefect and captain of the cricket and football teams. I had a good circle of friends and a girlfriend – life was good. After high school I was a Rotary Exchange Student to Canada for a year before returning and completing a commerce degree at university.

After returning to work, things were very difficult for a while. I changed jobs and moved to a much bigger company which required longer hours and higher stress — not very smart really. I kept fit, stayed on my medication and even won a couple of awards in the highly competitive area of recruitment consulting. Then the economy turned down and the market dried up. When I wasn't achieving I put myself under so much pressure and though I wasn't conscious of it, the stress/anxiety/sleeplessness/fatigue cycle began again. Before I knew it I was back in hospital.

It was quite confronting having the family I loved around me, knowing I had attempted to take my own life,
but it also was good to see them.

After overcoming that episode, I got my life pretty much on track. I was in my own business for a while (that didn't work out) and then joined a high end consulting company as a vice president in their executive search division – a corporate head hunter.

Once again things were rosy. I was winning some good business and working on interesting assignments which required a lot of national and international travel. Then the business started to turn down again and I faced some difficult times. A familiar pattern re-emerged. I became ill on an overseas trip and it proved to be the beginning of a five year nightmare.

During that time I went through an extraordinarily difficult period which resulted in four hospitalisations. I tried 23 different medications, underwent ECT (shock therapy) on 15 occasions, tried Transcranial Magnetic Stimulation, was coached in Cognitive Behaviour Therapy, and participated in many other programs related to the treatment of clinical depression. I even tried some alternative approaches including acupuncture and kinesiology, all to no avail. Dr Fisher described this as the worst case of protracted severe depression he had treated in his 20 years of practice. Not surprisingly, my marriage finished and I lost my job. I must say, my company was amazing in the way it supported me, but I just wasn't able to function normally in the pressured environment.

Throughout this period I was so fortunate to have incredibly supportive parents who stood by me and believed in me when I didn't believe in myself. When my marriage finished I moved to the North Coast to live with them. I looked for charity work to keep busy and get my mind off myself but I couldn't seem to find anything that suited. I also enrolled in a computer course but found I couldn't concentrate or keep up. My self-esteem sunk even lower.

The depression had been going on for so long now that it just didn't seem possible I would get better, even though I knew from personal experience that had happened before.

I had been having suicidal thoughts again for some time and started scouring the Internet to find an easy and painless way to die. Thinking about suicide is easy but when you start getting serious about it, it suddenly seems much more difficult. I still hadn't given up hope entirely and also searched the Internet

relentlessly for information about overcoming treatment resistant depression. All the things I found in my investigations I thought I had tried.

One day I was at TAFE doing computer studies and I just wasn't following what was going on. I decided I couldn't do this anymore. It was different from my previous attempts when the decision to kill myself had been relatively impulsive. This time I had been thinking about it seriously for a couple of years and had gone through in my head many of the possibilities. I remembered that my parents had gone away for the day on a tour and thought this was my best opportunity to end it.

My parents arrived home that day to find me unconscious in their bathroom. Initially they thought I had collapsed or had an accident. They called 000 and were guided in what to do. By chance, a family friend who is a nurse, was nearby and able to help. They then found my suicide note and realised my intentions.

The ambulance took me and my father to Taree hospital which is about 40 km away. I then spent about two hours in emergency where the doctors worked on me. Whilst my life was in the balance, my mother described it as one of the most heart wrenching periods she had ever endured. She knew the pain I had been in for more than five years and that I had made a very deliberate decision to end my life. If I recovered, she wondered if I would resent that they saved me. As a parent myself, I hope I am never placed in that position. A Christian woman, my mother resolved to let my future be in God's hands. She knew He would make the right decision.

The next day at about 2.30pm I regained consciousness. I opened my eyes and I was surrounded by my family. My daughter was holding my hand on one side and my son on the other. My siblings had driven up from Sydney and were around me. I remember feeling quite calm and surprised that I didn't feel sick.

It was quite confronting having the family I loved around me, knowing I had attempted to take my own life, but it also was good to see them.

The psychologist and psychiatrist came and interviewed me. They knew after interviewing me and reading my suicide note that this wasn't a cry for help but

a definite plan to end my life. They suggested I check into a private psychiatric hospital, which I did and began a seven week stay there.

If I had to rate myself out of ten where zero was actively suicidal and ten was normal, I was probably a one.

Later in this book I will tell you about my path to recovery. I felt it was important to share my decline first, so you understand this book is not an academic discussion of theories about overcoming depression. I have walked in your shoes. I know there is no magic cure – everyone’s recovery is unique. I understand your pain and despair. I know things seem hopeless. I believe that I survived my four suicide attempts for a reason. I want people to know that depression can also lead to blessings.

I know that when I was in the black hole, I felt so alone. I longed for stories of people who had been through what I was going through. This led to the idea of compiling a book of interviews with a broad range of people who had been through depression and recovered. I am grateful to the brave and generous group who chose to share their harrowing stories of suffering and their inspiring stories of recovery. I salute and honour them. Their courage is extraordinary.

In addition to the first hand interviews, I include the findings of some quantitative research to help us all understand what supports people most in their recovery from depression. When I was preparing this book, Ultrafeedback helped me do some online market research through a link on the depressionNet website, to find out what you wanted from a book like this. Your responses helped shape the questions I asked the interviewees and guided the content of this book.

From the very start, Professor Gordon Parker, Executive Director of the Black Dog Institute, has been incredibly supportive and encouraging. He and Joanna Crawford recently completed a study of 2,692 people via an online survey. The findings are titled: *Judged effectiveness of differing antidepressant strategies by those with clinical depression*. I am delighted to include that paper in this book.

Even though my survey looked at some different areas to that of the Black Dog Institute, there are several similar trends.

I hope you find something of value in this book and that it encourages you to take action. From personal experience I know that doing something is always better than doing nothing.

My psychiatrist, Dr Robert Fisher, always spoke to me about the crisis/opportunity of depression. I am pleased to include his thoughts and trust you will find them as useful as I have.

Graeme Cowan

If you are feeling unsafe please, please, please
call a loved one and/or Lifeline on 13 11 14.

I know the feelings you are
experiencing will pass.

The crisis — and opportunity — of depression

Crisis is defined as a turning point for better or worse. In the psychiatric context, it is a state which arises when our normal coping mechanisms are challenged and then overwhelmed by a stressful situation.

The initial reaction to perceived stress is usually to become anxious, and the anxiety leads to a flight or fight reaction. If a solution to the stressful situation is not found quickly, the anxiety may be replaced by a feeling of despondency, despair and depression. For people who develop a biological depression, the illness itself serves as a stressor and can cause a crisis state to develop.

Severe depression will usually have a negative effect on almost every aspect of a person's daily life, and the daily life of their loved ones. Thinking processes and content, sleep, appetite and general medical health (including cardiac function and, possibly, vulnerability to infectious illness), may be adversely affected. There may also be negative impacts upon interpersonal relationships, marriages, sexual function and performance in the workplace.

Some people will self-medicate with alcohol or recreational drugs, the latter particularly in the younger age group, but this just compounds the range of problems the person has to face. Some will make bad financial decisions or gamble. Some will shoplift, often in a way which is so obvious, they are likely to be caught.

In the worst of circumstances, the person suffering from depression finds the whole situation so intolerable that suicide appears the only way of relieving the pain. Often enough, individuals convince themselves that everybody else is better off without them.

None the less, not everybody will engage in behaviour which makes their situation worse. In fact, many people are able to find new ways of being through their experience with depression. **In some instances, people who have previously been unsympathetic to the depression or misfortune of others develop greater empathy.** When people have recovered from

depression they often appreciate how fortunate they are when their mood is normal, and are even more appreciative of how good life can be.

Over the years I have seen several patients who, having been through a bout or multiple bouts of depression, resolve to make the most they can of their lives when not depressed. These people talk about their depressive episode as having been a turning point. Sometimes, on being forced to reflect on their life at this low point, they have stopped doing what they thought everybody else expected they should do and, for the first time, started living a life that was meaningful to them. Such people often develop a true sense of the clock ticking away and the importance of making the most they can of the opportunities that life has to offer.

This, of course, is the best possible outcome for someone who has been through a depressive episode. Such people would usually be extremely diligent about maintaining medication which has been shown to be effective in preventing further bouts of depression. They take great care to avoid subjecting themselves to factors or influences in their lives which they recognise as likely to trigger the anxiety or worry that leads to episodes of depression.

The old adage that what doesn't kill you makes you stronger, can quite rightly be applied to many people I have seen who have in fact come "back from the brink".

Dr Robert Fisher M.B.B.S, F.R.A.N.Z.C.P
Psychiatrist

Ultrafeedback Survey

Effective therapies and lifestyle factors ranked by people with depression

Background

Between August 2006 and January 2007, a link was established from the depressionNet website inviting visitors to participate in an online survey. The URL for the survey was publicised in media articles throughout November. The survey was completed by 271 people.

Prepared and managed by Ultrafeedback, the survey sought to find out what people living with depression would ask people that had recovered, if they had the chance. It also asked participants to rate how effective different therapies were in helping with their depression. We then asked them to rate the effectiveness of various lifestyle factors.

Results

The results demonstrate some interesting trends which mirror my own experiences.

Ratings of Effectiveness in Treating Depression

1= very low 5= very high

Strategy/Treatment	N	Avg Rating
1. Exercise	238	3.85
2. Support of family and friends	238	3.83
3. Counselling therapies (CBT, IPT, etc)	243	3.70
4. Fulfilling work	208	3.67
5. Relaxation/meditation	222	3.60
6. Nutrition	238	3.55
7. Alcohol and drug avoidance	187	3.54
8. Prescription medicine	243	3.51
9. Support groups	165	3.41
10. Religious or spiritual beliefs	176	3.14
11. Contributing to a charity	169	3.08
12. Massage therapy	154	2.72

13. Non prescription medicines	209	2.19
14. Electro Convulsive Therapy (ECT)	72	2.04
15. Acupuncture	89	1.98
16. Transcranial Magnetic Stimulation	40	1.48

Exercise is the winner in this assessment. This is interesting when you realise it is accessible to all and very inexpensive. When you consider the epidemic of depression in the western world and the general decline in physical activity, you can't help thinking there may be a connection.

Support of family and friends and counselling therapies is not very surprising. Some people will be relieved that short-term therapy from registered psychologists is now partly covered by Medicare.

Perhaps the most surprising of all the results is the ranking of Fulfilling Work which stresses how important this is to our mental health. When I reflect on my 15 years experience as a recruiter interviewing people, I know there are a lot of people unhappy with their work.

The next group of factors (relaxation/meditation, drug and alcohol avoidance, nutrition, and prescription medicine) are rated so closely together that it is difficult to differentiate between them.

It is interesting to note that of the top 10 factors that most help people with depression, eight are lifestyle related. Prescription medicine and counselling therapies are the only exceptions.

The other feature is that many strategies have very similar scores. What this indicates to me is that no one can afford to try just one or two approaches. If you are serious about making progress you should consider the top 10 strategies and determine with expert help which six you will focus on.

Other Helpful Strategies/Things Nominated by Respondents: Pets, Music, Journal Writing, Art, Hypnosis, Kinesiology, Reading, Gardening, Hobbies, contributing to others depressionNet.

Conclusion

It is clear that many factors positively affect people living with depression. Exercise, the winner, is probably one of the easiest to implement. The eight lifestyle factors in the top 10 show that there is much a person can do to contribute to their own recovery without waiting for drugs to work or to have a breakthrough with therapy.

A Web-Based Survey

Top 10 treatments nominated by 3000 respondents to survey; Black Dog Institute, Sydney, Australia



Background

Professionals treating depression tend to favour a relatively brief set of options for treatment, such as medications, counselling and psychological therapies. However, several reports suggest that self-help and complementary strategies are also commonly used.

The aim of this study was to examine the frequency of use, and judged effectiveness, of a wide range of strategies for treating depression. A sample of 2692 people living in Australia (71% female), who had ever received treatment for depression, participated in an online survey attached to the Black Dog Institute website (www.blackdoginstitute.org.au). Participants rated the effectiveness of each of the treatments for depression that they had tried, including medications, psychological therapies and self-help strategies.

Caution when interpreting results

It is important to interpret the results of this survey with caution. Each individual is unique, and all decisions regarding medication should be made with an appropriate doctor. Importantly, it is likely that some treatments (e.g. a particular antidepressant) might be very effective for one type of depression (e.g. melancholia) but not for others. Also, some of the strategies examined in the survey may have been used on their own, whereas others may have been used in combination with other treatments. For example, a person who rated exercise as 'moderately effective' may also have been taking an antidepressant and receiving psychological therapy. As this study was not a randomised controlled trial, we did not control for various factors that could influence ratings of treatment effectiveness. Finally, we did not conduct tests of 'statistical significance' between treatments.

Results

How was the ‘effectiveness’ of treatments determined?

‘Effectiveness’ scores were computed for each of 31 strategies (including 15 different antidepressants, 5 psychological therapies and 11 self-help strategies) that had been trialled by at least 100 people responding to the survey. The ‘effectiveness’ scores were created by summing scores for each treatment (very effective = 3; moderately effective = 2; slightly effective = 1; not at all effective = 0) and dividing that score by the number of people who had tried that treatment – but not including those who reported ceasing the treatment before they could judge its effectiveness. The higher the ‘effectiveness’ score, the more effective the treatment.

Effectiveness of antidepressant medications

SSRI antidepressants ¹

Antidepressant	Brand names include	Number who used this antidepressant	Average “effectiveness” score
citalopram	Cipramil, Celexa	600	1.51
escitalopram	Lexapro	185	1.55
fluoxetine	Prozac, Zactin, Lovan, Auscap, Erocap, Fluohexal	569	1.43
fluvoxamine	Luvox, Faverin	260	1.22
paroxetine	Aropax	600	1.36
sertraline	Zoloft	1043	1.47

¹ An SSRI antidepressant is a ‘selective serotonin reuptake inhibitor’, which affects the neurotransmitter serotonin.

Tricyclic antidepressants ²

Antidepressant	Brand names include	Number who used this antidepressant	Average “effectiveness” score
amitriptyline	Endep, Tryptanol, Tryptine, Amitrol	222	1.14
dothiepin	Dothep, Prothiaden	260	1.40
doxepin	Sinequan, Deptrn	160	1.12
imipramine	Tofranil, Melipramine	131	1.23

Other antidepressants

Antidepressant	Brand names include	Number who used this antidepressant	Average “effectiveness” score
moclobemide	Aurorix, Arima	288	1.17
mirtazapine	Avanza, Remeron	268	1.31
nefazodone	Serzone	114	1.01
reboxetine	Endronax	123	1.38
venlafaxine	Efexor, Efexor XR	672	1.73

² Tricyclic antidepressants are named after their chemical structure (three rings) and affect two neurotransmitters serotonin and norepinephrine. They may also interact with other chemicals in the body.

Top 10 Treatments for Depression

The 10 highest rating treatments for depression (out of all strategies – not restricted to antidepressants) are displayed below. The higher the “effectiveness” score, the more effective the treatment.

Top 10 Treatments for Depression

Strategy	Description of strategy	Number who used this strategy	Average “effectiveness” score
1. venlafaxine	An SNRI ^a antidepressant medication. Brand names include: Efexor, Efexor XR	672	1.73
2. exercise		2141	1.70
3. cognitive behaviour therapy (CBT)	A type of psychological therapy	1221	1.63
4. “other psychotherapy”		1181	1.59
5. interpersonal therapy (IPT)	A type of psychological therapy	700	1.58
6. escitalopram	An SSRI ^b antidepressant medication. Brand names include: Lexapro	185	1.55
7. citalopram	An SSRI ^b antidepressant medication. Brand names include: Cipramil, Celexa	600	1.51
8. yoga/ meditation		1215	1.47
9. sertraline	An SSRI ^b antidepressant medication. Brand names include: Zoloft	1043	1.47
10. counselling		1754	1.46

^a An SNRI antidepressant is a “serotonin and norepinephrine reuptake inhibitor”, which affects the two neurotransmitters serotonin and norepinephrine.

^b An SSRI antidepressant is a “selective serotonin reuptake inhibitor”, which affects the neurotransmitter serotonin.

Five key messages

1. Both exercise and yoga/meditation were rated in the Top 10 Treatments for Depression, as shown in the previous table. 89% of people who exercised rated it as “slightly” to “very” effective in improving their depression. While it should be acknowledged that many of these people were also receiving other treatments for depression, the results support the use of exercise as an additional strategy.
2. Both antidepressant medications and psychological therapies were rated as having some benefit for depression. The Top 10 Treatments included four different types of antidepressant medications, and four different types of psychological therapies.
3. In our survey, both antidepressant medications and psychological treatments were used frequently. 74% had tried one or more antidepressants and 78% had received counselling or a psychological treatment. 83% reported consulting a general practitioner (GP) about their depression; 58% a psychologist and 52% a psychiatrist.
4. Among the psychological therapies, cognitive behaviour therapy (CBT), interpersonal therapy (IPT) and “other psychotherapy” had similar effectiveness scores.
5. A variety of self-help and complementary strategies were used frequently. Many offered some benefit, as shown in the following table.

Strategy	Number who used this strategy	% rated “slightly” to “very” effective	Average “effectiveness” score
Acupuncture	317	59%	1.07
Exercise	2141	89%	1.70
Homeopathy	266	56%	0.98
Massage	1059	84%	1.36
Relaxation	1910	78%	1.34
Yoga/Meditation	1215	80%	1.47
<i>Supplements/herbs</i>			
L-Tryptophan	163	50%	0.74
Omega-3 fatty acids	461	54%	0.88
Other herbal remedies	582	60%	0.98
SAM-e	111	39%	0.73
St John’s Wort	875	46%	0.79

The results of this online survey are to be published in the following paper:
 Parker, G.B. & Crawford, J.G. (2007). Judged effectiveness of differing antidepressant strategies by those with clinical depression. *Australian and New Zealand Journal of Psychiatry*, in press.

My Path Out

After the suicide attempt I spent about six weeks in the Wesley Mental Health Unit of the Mayo Hospital in Taree. Because I had tried over 20 medications without much success, the clinical team decided to concentrate my treatment on a psychological intervention. I had daily meetings with a psychologist who introduced me to the Buddhist concept of mindfulness. Mindfulness emphasises the importance of living in the present. Its central message is that much psychological pain comes from dwelling in the past or being anxious about the future. The concept makes sense but I found it very hard to live when I still had this overwhelming feeling of blackness around me. We decided to try going off all drugs to give my system a chance to clear out. There was some improvement over my six week stay there but it wasn't dramatic. I went back on medication as the trial without any hadn't yielded results.

I still had this overwhelming sense of dread after leaving hospital and continued to feel suicidal. I began walking each day and went to the lookout at Bennett's Head at Forster. I would stare at the cliffs and sea below and think how easy it would be to end it. Something stopped me from taking that drastic step each day. I guess there was still a will to live despite the despair.

The psychologist I had been working with at Wesley moved on and my sister, who was visiting from Sydney, helped me try to identify a suitable replacement therapist. It proved to be incredibly difficult and required countless phone calls. We ended up choosing someone who visited from Sydney every two weeks.

I continued seeing the psychologist over the next few months but still had this overwhelming feeling of despair and darkness. There was also an underlying anxiety that I didn't seem able to shake. The weeks kept rolling by. During this time my parents support was unwavering but I never really felt like Forster was home. I was travelling to Sydney every two weeks to see my children. It was very difficult seeing them so infrequently and eventually I made the decision to return to live in Sydney.

I was living in a unit close to my children and gradually started catching up with friends again. I started volunteering at Volunteering NSW helping to

interview and match people with not-for-profit organisations. This involvement in the work force was very beneficial as it got me out of my head and interacting with other people. I also experienced how it helped other peoples self esteem when they were able to find voluntary work which they enjoyed.

Even though I was functioning, my pessimistic outlook was still with me and the feelings of anxiety came back and began to get worse. I started the cycle of insomnia and fatigue again until it got to the stage where I was absolutely desperate. I felt out of control. Before I knew what was happening, Dr Fisher decided that I should be booked into Northside Clinic.

I spent nine weeks at Northside once again trying some new medications and participating in group therapy. When I didn't seem to be making any progress, I began a series of ECT which gave me real problems with my short term memory. After my time at Northside the underlying anxiety had largely gone but the depression was still there.

I began an eight week outpatient Mood Disorder Program. It ran two days per week and it felt good to have that commitment each week. It mainly involved group therapy but one of the things I found extremely helpful was that it encouraged us to think about and set weekly goals for Learning, Recreation, Spirituality, Health, Your Partner, Family, Friends and Employment.

I had always done a lot of goal setting in business and I found it made me think a lot more holistically about my life. It also gave me a sense of achievement when I was able to look back on my week and see that I had done what I had set out to do.

At about the same time an old school friend reached out to me and we began a relationship which helped with my self esteem.

I received free tickets to a seminar by Brian Tracey, the American Motivational Speaker and purchased a CD set called the Psychology of Achievement. This also stressed the importance of goal setting and gave some further insight into how best to do it.

Over time, it occurred to me that the three outcomes I was seeking out of life were Vitality, Intimacy and Prosperity (VIP). Vitality represented my goal for

my personal health and wellbeing. Intimacy was my goal for my relationships and Prosperity my goal for my vocation and contribution to the world.

When I thought back on my life, I realised that I had often had the wrong priorities. I decided that I would make Vitality my first priority, Intimacy second, and Prosperity third.

I set myself yearly goals under the three categories and then translate them to monthly and weekly goals. I got myself an exercise book and each week I would review what I'd planned to achieve the previous week and write down my plans for the coming week.

The improvement in my mood was gradual but it was definitely moving in the right direction. There were still mornings when I found it extremely difficult to get out of bed, but having those short term goals gave me a sense of purpose.

Vitality

Included in this category are exercise and nutrition, meditation/spirituality, medication, recreation and fun, and sleep. As I decided to make this my first priority, I made sure that these were the first things scheduled into my week. I decided that I would walk for at least 30 minutes six days per week. In the past I had tried walking four days per week but found that really didn't transform the way I lived. Now I begin each day with a walk in the bush where I live. The day gets off to a great start.

It's interesting to reflect on the research that found exercise was the number one contributor to improving depression. I also found the noises of the bush very calming. Exercise played an important role in the recovery of several of the participants interviewed for the book. At times you don't feel like it but you always feel better for having done it. I always finish with some stretching.

At the same seminar where I saw Brian Tracey, Dr John Tickell was also a speaker. He highlighted the lifestyle of the most vital and long living race on earth - the people from the Okinawan Islands in Japan. This group has the highest percentage of centenarians on earth. If my goal was to be vital I decided this would be the group to learn from. Dr Tickell's book, *The Great Australian*

Diet, explores their diet in some depth. In essence it is very high in vegetables, fruit, nuts and grains (85%), fish (10%) and low in meat/poultry/eggs/dairy (5%).

I also read an article in the November 2005 National Geographic magazine which looked at three of the longest living races in the world (including the Okinawans) and they found a very active lifestyle with a diet similar to above.

I didn't follow it religiously, but I did change my diet to include much more fruit and vegetables and fish. I also began taking a fish oil supplement. This combined with my exercise seemed to have a positive impact on my energy levels.

I believe there is also a biological element to my depression, so I continue to take a medication and that seems to be working. I was very lucky to work with Dr Robert Fisher who always kept the most level of heads – even when I was in crisis. The biggest frustration about medication is that it is very much trial and error; but when you do find something that seems to work, it makes a big difference.

As I began to feel a little better, a friend told me about a meditation course she had done with the Brahma Kumaris (BKs). It was an open eyed meditation which initially followed a guided commentary. I was very impressed with the BK people who ran their courses on a donation basis. I really benefited from the meditation and I now do it morning and evenings on most days. I started to experience a peace and self love which I hadn't felt for a long time. I also began to feel that I had a real inner wisdom which meditation helped me tap into.

I felt it was important to have some fun so I started to play golf and go to the movies more regularly.

I believe this regular commitment to improving my physical and mental health then allowed me to give more to my relationships.

Intimacy

I defined intimacy as honest, fun and regular interactions with my partner, family, close friends and a support group. A therapist would also fall into this

category.

As my mood improved, I prioritised meeting and speaking with family and friends each week. I tried to be more honest about how I was feeling. It is easier to be honest when you feel you are making progress. When you have survived a suicide attempt it no longer seemed appropriate to gloss over things. I also found myself far more tuned into others' needs and this helped to get me outside my own head. I consider myself to be incredibly lucky to have a close supportive family and I know not everyone has that same situation.

I recommenced my involvement with GROW, a support group for people with mental health problems. Its Australian based, and originated from the 12 step approach of Alcoholics Anonymous. The beauty of these groups is that you don't have to explain what depression is. The people who attend have had similar issues so there is very quick and genuine empathy. Members support each other with phone contact between meetings. Eventually I took on the responsibility of organiser for my local group which further increased my confidence. Providing there is sufficient trust, it is amazing how much people will share and help each other.

I was very bad at sharing my emotions and I know this contributed to my decline in the past, but I felt I was making real progress in this area. I attended a Pathways camp with my son. This is a course designed for fathers and their sons who are going through puberty. It is a very powerful experience which quickly builds trust and encourages the men and young men to share their personal experiences on a range of topics. It was amazing what strong bonds were built in a short time. Many of the fathers commented that they had not experienced such honest sharing with other men in their whole lifetime. For fathers wanting to connect on a much deeper level with their sons, I couldn't recommend it more highly.

I also began tracking down a few really good old friends that I hadn't spoken to in years. It was wonderful to be reacquainted with them now that I'd started to feel better about myself.

Placing a priority on my important relationships also served to improve my self esteem. The more I gave, the more I received.

Many people gain considerable insight and benefit from regular meetings with a therapist, but this was not my experience.

Prosperity

By prosperity, I mean a spirit of abundance, rather than of scarcity. This relates to my career and contribution to the world. I also felt that the only way I could feel prosperous was to do something I really enjoyed and felt passionate about. During my career, I had worked in sales and marketing, and human resources. Even though I had really enjoyed aspects of those roles, I didn't feel that I wanted to go back to something I had done before. I was also mindful that my previous occupation had contributed to my decline so I wanted to take a fresh look at what to do. On the Internet I found www.assessment.com which has a test called MAPP. It helps identify, amongst other things, what skills you most like to use and what vocations best allow you to use them. The major vocational areas identified for me included counselling, guidance, training, advertising and business studies.

With this in mind, I explored becoming a business coach, but after some time researching this I decided that I had always wanted to write a book on how people overcame depression. I felt that writing this book would help me use the skills I enjoy on a larger scale. I am really thankful for having made that decision, as it has been the most fulfilling thing I have ever done.

As part of the spirit of abundance associated with Prosperity, I also resolved to donate at least 10% of my income to mental health charities and to save/invest 10%.

VIP sounds a bit glib, but I decided to live my life around these three priorities. I think that focussing on these specific, positive outcomes rather than: "I want to get over depression", was significant. Goal setting research shows that it is much more successful to focus on positive objectives than negative ones.

Setting yearly, monthly and weekly goals in the three categories gave me a sense of purpose. I found pictures that represented my goals. For example, I had a mock up made of the book cover which helped it appear a reality. I also found a picture of Machu Picchu in Peru which is where I wanted to travel to. These

were all pasted into an exercise book alongside my written goals.

When I experienced knock backs and disappointments in preparing this book I found that the flat feeling that inevitably followed this didn't last for long. The following week when I wrote down my revised goals I found that I was looking ahead rather than dwelling in the past.

It is important to stress that this sense of purpose and motivation didn't appear overnight, but along with everything else I've mentioned, it served to improve my self esteem gradually. Right from the beginning I've found having weekly goals for my health and relationships extremely beneficial.

I am acutely aware that it is much easier to talk about your depression when you feel you are almost over it. When you are still in the black hole and have no energy, feeling vital seems like a pipe dream.

My hope is that you will have found something in the research or my story that will give you some hope and encourage you to take action. Inactivity very rarely defeats depression. In fact, I would go so far as to say that the right activity provides a ladder out of the black hole.

Blessings

My life is very different now. I have different priorities than before. The meditation makes me feel much calmer and at peace with myself. Through my meditation I now feel for the first time that I have a direct relationship with the Divine. I cherish my morning walks in the bush amongst nature. My relationships with my family and friends are much closer and rewarding. I love the creativity of my work and knowing that it may help someone. I feel that everything I have done in the past is contributing to this project. If you had told me 18 months ago that I would be on this path and feeling so fulfilled, I wouldn't have believed you. I feel I am a much better person for having gone through my depression. I like myself. There can indeed be a silver lining with depression.



An Overview of the Book

Introducing my printed book and digital book *Back from the Brink* in which prominent and everyday Australians tell their stories of overcoming depression

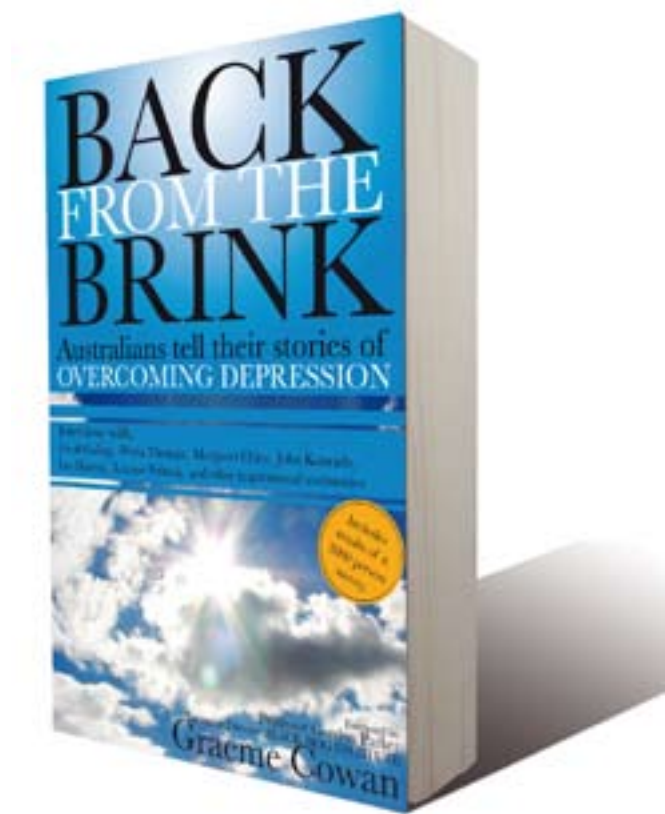
**BACK FROM THE BRINK
Australians Tell their Stories of
Overcoming Depression**

Back from the Brink is a powerful compilation book of Australian stories. It shares the experience and hope of people who have suffered from clinical depression and recovered.

Compiled by Sydney's Graeme Cowan, *Back from the Brink* details discussions with well-known and everyday Australians who share their personal journey of enduring and overcoming depression.

Graeme asks the tough and poignant questions of each interviewee, offering insights into their often dark and tumultuous experience.

Written in a question and answer format, the book offers a raw and immediate style that strikes straight to the heart. These honest, first-hand accounts show just how real and prevalent depression is in Australia. The book also offers inspiration and hope for sufferers and their friends and family that there can truly be



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in all good book stores

Buy *Back from the Brink*

I would wake up and it was as
if my head was full of black
spinach.
– LES MURRAY, LEADING
AUSTRALIAN POET

It was as if those butterflies in
your stomach had razor blades.
– JOHN KONRADS,
OLYMPIC GOLD
MEDALLIST

Just the thought of [panic
attacks] make me cringe. They
would flare up from my feet
... rush through my body and
explode out of my head.
– SONIA ATTARD, GROW
AMBASSADOR

a day when loved ones come ‘back from the brink’. Readers will be amazed, challenged, inspired and, at times, infuriated by what they read.

Aside from personal stories, *Back from the Brink* contains the results of a 3000 person survey.

Back from the Brink truly is an uplifting book about reaching up and out of the black fog of depression.

Purchase the printed book to read the extraordinary stories of:

Margaret Olley

At 84, Margaret Olley is an icon of the art world. She grew up in Queensland as a very shy and compulsive child. Her shyness continued into adulthood where she started to depend on alcohol to face social situations. This led to a full blown addiction. Despite extraordinary international success she considered suicide in 2001.

Les Murray

Australia’s leading poet, Les Murray, grew up on the North Coast of NSW as an only child. When he was 12, Les’s mother died from a miscarriage. Her death sent his father into a deep depression. In his mid fifties, Les had a horrendous episode which included terrifying, twice daily panic attacks; despite psychiatric help, this episode lasted eight years.

Kathy McMahon

Kathy grew up in country Victoria and suffered horrendous childhood sexual and psychological abuse from a family “friend”. She attempted suicide at 13 but was never given an opportunity to explain why. It was not until later in life that her “secret” was revealed.

John Konrads

Former Olympic swimming gold medalist, John once held every world record for the 200m to 1500m. He also suffered panic attacks and dark thoughts, struggled with alcohol and was eventually diagnosed BiPolar II. He is today a director of the Black Dog Institute.

Geoff Gallop

Rhodes Scholar and former Premier of West Australia, Geoff Gallop surprised the nation when, in the seeming peak of his career, he exited politics because of depression.

Petria Thomas

Petria Thomas thrilled Australia with three gold medals at the Athens Olympics. Despite her “in control” demeanour, she struggled with low self-esteem, depression and suicidal thoughts. At times this was coupled with career-threatening injuries.

Leanne Pethick

After struggling with depression herself and losing a friend to suicide, Leanne founded DepressioNet, a website dedicated to providing comprehensive and up-to-date information on depression. It is dubbed the site for “people like us”.

Brian Egan

Brian Egan is a farmer and Navy veteran from outback Queensland who was recently featured on Australian Story. Crippled by drought, PTSD and depression, he had to walk off his farm in 1999 with nothing. On a mission to help people worse off than himself, Brian set up Aussie Helpers and dedicated his life to helping farmers in need.

Karin de Vos

Karin left school early and was never settled or content, always feeling like she was living for other people. She finally had a breakdown, parted with her husband and embarked on a journey of self awareness. Karin established Kidz Alive – a website and community dedicated to celebrating the unique gifts of children.

Kerry Phelan

Kerry grew up on a sheep and wheat farm in Western Australia before being conscripted to Vietnam in 1967. He spent 342 days abroad and later suffered post traumatic stress disorder.

Lisa Miller

When Geelong’s Lisa Miller had twins, she suffered chronic post-natal

depression, crying constantly, hating seeing happy mums and feeling like a failure. She had no support and could not find mums who understood how she felt. She now runs the Geelong Post Natal Support Group.

Sonia Attard

After a difficult childhood and marriage, Sonia Attard had a severe breakdown and suffered constant and paralysing panic attacks. Her 12-year-old son took her to GROW, a 12-step health support program and she is now an ambassador for the GROW program.

Plus a chapter on supporting a loved one who suffers from depression:

The chapter “Seven Steps to Support a Loved One with Depression” is based on the findings from interviews with 271 people suffering from depression. It offers very practical advice about how best to help someone who isn’t coping without compromising your own mental and physical wellbeing. It lists relevant support groups, books, and websites.

Back from the Brink Online

www.iambackfromthebrink.com

This website has been developed specifically to allow those who have recovered from depression to help those still in the black hole. It features forums under the categories of exercise and nutrition, counselling therapies, medication and meditation/relaxation. There will also be podcasts and transcripts from global experts in each of these areas, plus the latest news and research from around the world. An extensive specialist mental health CD and book shop will allow you to tap into the knowledge you need.

Charities Supported

Twenty percent of the profits from the book *Back from the Brink* and its website will be donated to the following mental health charities.

Beyondblue – www.beyondblue.org.au

Black Dog Institute Research – www.blackdoginstitute.org.au

DepressioNet – www.depressionet.com.au

Grow – www.grow.net.au

Lifeline – www.lifeline.org.au

SANE – www.sane.org

Pay It Forward

If you have found the contents of this ebook valuable please consider forwarding it to a friend or family member who you think could be affected by depression. Of the 3000 Australian adults Ultrafeedback surveyed, one in four had spoken to their GP about depression in the last year. It would be unusual if you didn't know someone who is currently suffering.

Hope

The purpose of this ebook and the printed book is to reduce stigma and provide hope for people living with depression and their loved ones. If it were possible I would hand deliver this ebook to you, look you in the eye and say: “Depression does pass – at one point I didn't believe it was possible, but now I know differently”. Please take action.

My wish is that the best in life and love and happiness is ahead of you.

Kind regards

Graeme Cowan

Support for *Back from the Brink*

“Reading these firsthand accounts of how prominent and everyday Australians have been touched by depression — and how they’ve charted their journey to recovery — will give hope to those affected. I see depression as the most democratic of all illnesses; it can happen to anyone at anytime, as the book shows.

Through my work with beyondblue I’ve been aware of how constructive and helpful sharing stories with others can be to those still on their journey through depression. I commend Graeme Cowan’s efforts in bringing the people and their powerful stories together in his book and shining a spotlight on depression, anxiety and recovery.”

Jeff Kennett AC, Chairman, beyondblue: the national depression initiative

“*Back from the Brink* is an extremely worthwhile contribution to an area that is often burdened with stigma and shame.”

The Hon Mark Vaile MP, Deputy Prime Minister and Federal Leader of the Nationals

“Depression is often the underlying issue for many people that ring Lifeline’s 24/7 helpline. Many callers feel very alone and don’t know what to do. These first hand accounts showing how people have overcome depression are sorely needed. To read about how others have tried various strategies that have ultimately led to recovery, gives hope and inspiration.”

Ms Dawn Smith, CEO, Lifeline Australia

“Hearing from others in similar situations will provide readers with reassurance that they are not alone. Learning about specific, practical and effective actions that have helped others manage or overcome their depression, will also encourage readers to try some of those strategies themselves.”

Ms Barbara Hocking, Executive Director, SANE Australia

“Depression is one of the most prevalent conditions our 25,000 General Practitioners from around Australia encounter. Graeme’s book will help our members explain to their patients that people from all walks of life can be affected. It contains very courageous testimonies and research which will benefit both our doctors and their patients.”

Ms Kate Carnell, CEO, Australian General Practice Network

“Having suffered with depression myself, I found it very reassuring and inspiring to read about how others have overcome it. Their stories are so honest and courageous – I realised I am not alone.”

Ms Faith Safer, Chatswood, NSW GROW Group

“In both my work as a local MP and my family life, I have been called upon to assist people suffering from depression. This book will give those people supporting loved ones with depression considerable information and insight to be of most help.”

Mr Barry O’Farrell, MP, Leader NSW Liberal Party

“Through depressioNet, Graeme has gone directly to those living with depression to find out what they would like to ask those who have overcome it. This fills a niche in the market for those people seeking to better understand depression and how to get over it either for themselves or a loved one.”

Ms Leanne Pethick, founder depressioNet.com.au

“This is a very valuable resource for those supporting a family member or friend with depression. It offers specific advice on how to be of most help without sacrificing your own wellbeing”

Rhoda Immerman, Executive Director, ARAFMI NSW Inc (Association of Relatives and Friends of the Mentally Ill)